



P-C Claim Department

Date: MARCH 21, 2000

Insured: PATCO CORP

File No.: B2W 0096

Dear MR WILBER

Please sign and return to me the Subrogation Receipt shown below. We will use this receipt to help us recover the money we paid you, including your deductible, from the party responsible for your loss.

If you have any questions regarding this form, please contact me. You may use the enclosed pre-addressed envelope to return the signed form.

Very truly yours,

P-C Claim Department

SUBROGATION RECEIPT

\* \_\_\_\_\_, 19 \_\_\_\_\_  
(City and State) (Date)

RECEIVED OF THE TRAVELERS PROPERTY CASUALTY the sum of  
\$ 220,664.38 known claims and demands for  
loss with respect to damage to the building by explosion occurring on or about the 29<sup>th</sup> day of  
January, 2000 to the property insured in Policy No. 630-190C7522 issued by said  
Company.

In consideration of and to the extent of said payment the undersigned hereby assigns and transfers to the said Company all rights, claims, demands and interest which the undersigned may have against any party through the occurrence of such loss and authorizes said Company to sue, compromise or settle in the name of the undersigned or otherwise all such claims and to execute and sign releases and acquittances in the name of the undersigned.

WITNESS my hand and seal the day and date first above written.

(Witness Signature)

President (L.S.)  
William B. Wilber (Policyholder's Signature)  
PATCO CORPORATION



James E. Stevenson  
General Adjuster  
Commercial Property Claim  
Major Case  
Phone: 631-577-7380  
Fax: 203-601-3902

## SUBROGATION RECEIPT

BRISTOL RI

3/21, 2001

(City and State)

(Date)

Received of **Travelers Indemnity Company of Illinois** the sum of  
**\$ Four Hundred Twenty Thousand Eight Hundred Three +.76/100** in settlement of  
all claims and demands for loss by FIRE occurring on or about the 29th Day of January  
2000 to the property insured in Policy No 630-190C7522 Issued by said Company.

In consideration of and to the extent of said payment the undersigned hereby assigns and  
transfers to the said Company all rights, claims, demands and interest which the  
undersigned may have against any party through the occurrence of such loss and  
authorizes said Company to sue, compromise or settle in the name of the undersigned or  
otherwise all such claims and to execute and sign releases and acquittances in the name  
of the undersigned.

WITNESS my hand and seal the day and date first above written.

Nelly Robbi - my commission expires 6/6/01  
(Witness Signature)

William B. Wilbur  
(Policyholder's Signature)

President  
(L.S.)  
PATCO CORPORATION



James E. Stevenson  
General Adjuster  
Commercial Property Claim  
Major Case  
Phone: 631-577-7380  
Fax: 203-601-3902

## SUBROGATION RECEIPT

Bristol, Rhode Island July 27th, 2001

(City and State)

(Date)

Received of **Travelers Indemnity Company of Illinois** the sum of  
**\$ Two Hundred Thirty Seven Thousand Two Hundred Twenty Dollars + 04/100** in  
settlement of all claims and demands for loss by **Explosion/Fire** occurring on or about  
the **29<sup>th</sup>** Day of **January** **2000** to the property insured in Policy No **630-190C7522** Issued  
by said Company.

In consideration of and to the extent of said payment the undersigned hereby assigns and  
transfers to the said Company all rights, claims, demands and interest which the  
undersigned may have against any party through the occurrence of such loss and  
authorizes said Company to sue, compromise or settle in the name of the undersigned or  
otherwise all such claims and to execute and sign releases and acquittances in the name  
of the undersigned.

WITNESS my hand and seal the day and date first above written.

Ma 2 Kry Notary Public  
(Witness Signature)

William B. C. Wilburz (L.S.)  
William B. C. Wilburz, President  
(Policyholder's Signature) PATCO Corp.



James E. Stevenson  
General Adjuster  
Commercial Property Claim  
Major Case  
Phone: 631-577-7380  
Fax: 203-601-3902

## SUBROGATION RECEIPT

Bristol, Rhode Island August 16, 2001

(City and State)

(Date)

Received of **Travelers Indemnity Company of Illinois** the sum of  
\$ Ninety Eight Thousand Six Hundred Thirty Three + 14/100 in settlement of all  
claims and demands for loss by **FIRE / EXPLOSION** occurring on or about the 29<sup>th</sup>  
Day of January 2000 to the property insured in Policy No 630-190C7522 Issued by said  
Company.

In consideration of and to the extent of said payment the undersigned hereby assigns and  
transfers to the said Company all rights, claims, demands and interest which the  
undersigned may have against any party through the occurrence of such loss and  
authorizes said Company to sue, compromise or settle in the name of the undersigned or  
otherwise all such claims and to execute and sign releases and acquittances in the name  
of the undersigned.

WITNESS my hand and seal the day and date first above written.

Marie L. Knapman Notary Public  
(Witness Signature)

W. B. Wilbur (L.S.)  
William B. Wilbur, President  
(Policyholder's Signature) PATCO Corp.

MARIE L. KNAPMAN  
NOTARY PUBLIC  
STATE OF RHODE ISLAND  
MY COMMISSION EXPIRES 3/31/02



TRV 000078